ing cause. This is further substantiated by the results of a comparison between the cancer statistics and the habits of the people in the north and south of Europe, by the relative freedom from cancer of the esophagus and stomach enjoyed by the aborigines of hot climates and the extremely rare occurrence of cancer of the stomach in animals

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Rupture of Bladder Associated with Fracture of the Pelvis.—QUAIN (*Surg., Gynec. and Obst.*, 1916, xxiii, 55) reports a case of this kind and collected 126 similar cases, from the literature of each of which he gives a brief abstract. In the majority of these cases it was found that a spicule of bone had perforated the bladder. Most lacerations thus caused were extraperitoneal and several were multiple. With the exception of the instances where a foreign body had entered the pelvis from without (gunshot, etc.) only four cases in which a lacerated bladder communicated with the outside have previously been described. With two or three exceptions the treatment has evidently been limited to the application of a bandage around the pelvis, after possibly some adjustment of the fragments. The treatment has often been complicated seriously by infection and necrosis of the bone. Of the 127 cases now reported, 34 "recovered," a total mortality of 74 per cent. But of these were 83 cases, reported before 1890, with a mortality of 72, or 86.7 per cent. Of 44 cases since 1890, *i. e.*, during the period of aseptic surgery, 23 lived—a mortality of less than 48 per cent. Since 1905 the mortality has been reduced to 38 per cent. The total mortality in all varieties of ruptured bladder which have been treated surgically since 1900 is less than 25 per cent. This shows in figures the extreme gravity of the lesions under discussion, and indicates that fracture of the pelvis is the most serious complication of a ruptured bladder. In point of morbidity, Quain believes with Fuller that most patients with extraperitoneal rupture of the bladder are left seriously invalided for life.

The Operative Treatment for the Disabilities and Deformities Following Anterior Poliomyelitis as Practised at the Hospital for Ruptured and Crippled during the Past Three years.—WALLACE (*Am. Jour. Orthop. Surg.*, 1916, xiv, 400) presents a tabulated study of 666 cases divided into eleven groups, with particular reference to the special condition and the treatment employed, and all of these into three classes with reference to the results obtained, the successful, the improved, and the failed. He says that nearly one-third of the operations in the foregoing tables would have been unnecessary if the patients had received proper brace attention. The Soutter operations for contractures about the hip have been most beneficial. The transplantation of an active hamstring tendon, when both were normal, to the attachment of the paralyzed quadriceps extensor tendon has so improved the power about the knees that braces have been discarded. Arthrodeses operations for paralytic deformities in children have been of little value. The grooving of the tibialis anticus tendon into the anterior surface of the tibia and transplanting the extensor propius hallucis tendon to the calcaneoscaphoid ligament for equinovalgus deformity has been helpful. The most satisfactory operation for calcaneus, calcaneovalgus, and dangle-foot deformity has been the typical

Whitman. The backward displacement of the foot accompanied with astragalectomy are the essential features of this operation, and they have been utilized to great advantage in all types of paralytic foot deformities. When successful a firm basis for standing and walking has been secured, and after a few months of supervision the patients have been able to walk without artificial aid, thus probably stimulating the growth of the paralyzed extremity. The improved circulation so increased the warmth of the feet that the tendency to chilblains was lessened.

THERAPEUTICS

UNDER THE CHARGE OF

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Hay Fever and Certain other Local Anaphylactic Phenomena Referable to the Respiratory Mucous Membrane.—HICHENS and BROWN (*Jour. of Lab. and Clin. Med.*, 1916, i, 457) summarize the principles of the present-day treatment of hay fever. They divide the treatment into measures to be taken two to three months previous to the hay-fever season and measures to be taken immediately to control the acute attack. When the patient can be studied beforehand a survey of his habitual surroundings, and skin tests should be made with pollens of such plants that may be considered as having a possible connection with the anaphylactic phenomena. If the attack has already started, treatment should be begun at once with a vaccine representing the pollens most likely to be responsible for the attack. If the treatment does not give entire relief, an exact diagnosis may be made quite independently of the treatment. Hichens and Brown report 63 cases of hay fever treated with pollen vaccines, of which 18 were complicated with asthma; of these 18, 11 were entirely relieved, 3 were considerably relieved, 1 was not relieved, and 3 were not reported. Of the remaining 44 cases, 17 were entirely relieved, 18 were considerably relieved, 4 were slightly relieved, 2 were not relieved, and 3 were not reported. One patient, who was treated in summer and autumn for two years, was apparently cured. The two vaccines used by the authors were, in the spring, a mixture of pollens from red-top timothy, rye, and orchard grass, and, in the fall, the pollen of ragweed alone. They call attention to the fact that in every case the possibility of a concurrent bacterial infection must be taken into account. Cases that present especial difficulty in treatment are those that suffer from hay fever from earliest spring to latest autumn.

Some Observations on the Treatment of Hay Fever.—WILSON (*Laryngoscope*, 1916, xxvi, 937) reports 26 cases of hay-fever treated by the injection of various pollen extracts and 22 cases treated by cal-